

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of
Invention****SURGICAL DEVICE**

Application Number :

Date :

First Named Applicant: Mr. Gregg A. VanDusseldorp

Attorney Docket Number: A3-1635

TOTAL FEE AUTHORIZED \$ 465

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	375	375
Subtotal For Basic Filing Fees: \$ 375			

EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 30	10	2202	9	90
Independent Claims : 2	0	2201	42	0
Subtotal For Extra Claims Fees: \$ 90				

AUTHORIZED BILLING INFORMATION**The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

Deposit account number: 080960
Access Code: ****
Deposit name: Hartman and Hartman, P.C.
Deposit authorized name: Domenica N.S. Hartman
Signature: Domenica N.S. Hartman
Date (YYYYMMDD): 2003-07-09

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Adjustment Date: 06/25/2004 BHABTEM
07/09/2003 EFSPROD 00000027-080960 10604297
02 FC:2202 90.00 CR

Refund the money
Approve by Kevin

10604297
The applicant pay extra
claims
In System there is 20
claims
Should we refund?